

# FIELD TRIP PERMISSION FORM

**STUDENTS:**

**TO:**

**FIELD TRIP DATE:**

**TRANSPORTATION:**

**LOCATION AND PHONE NUMBER:**

**TIME OF DEPARTURE:**

**TIME OF RETURN:**

**PERMISSION SLIP DUE:**

**ADDITIONAL INFORMATION:**

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**PLEASE COMPLETE THIS PORTION AND RETURN TO SCHOOL BY:**

I request that our child \_\_\_\_\_ be allowed to go with Blessed Sacrament School (hereafter the "Organization") We understand that all rules of conduct and standards of behavior, as deemed by the Organization will apply to this trip and we have discussed these with our child. We further understand that we must assume all responsibility and liability for our child while traveling to, from, and during this trip. With this knowledge, we freely assume this responsibility and liability.

We also understand that it may not be financially feasible for the Organization to provide transportation for all those who are going on this field trip. Therefore, we understand that some participants may be traveling by bus or by privately owned vehicles. With this knowledge, we hereby consent to our child traveling to, from, and during this trip in either of these manners.

We further understand that the Organization is not responsible for any damages or accidents that may result from our child's actions or the actions of others. To the greatest extent possible, we release the Organization and the Diocese of Springfield in Illinois, and all those acting on their behalf, from all liability for damages to or caused by our child as a result of this trip and we agree to indemnify them for any such damages.

**Emergency Contact / Medical Information:** (Please Print)

Father/Guardian: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Other Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Company Address: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

**I hereby also give our consent for our child to receive emergency medical care during this trip. I hereby also give our consent for photographs of our child to be taken and released.**

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_